



# STATE OF TENNESSEE

## Buprenorphine Medication Assisted Treatment (MAT) Program

Victor Wu, Chief Medical Officer

Mary Shelton, Director of Behavioral Health Services

Sarah Greenberg, Director of Policy & Strategy, Chief Medical Office

May 16, 2018

# Webinar A: 1:00 PM – 2:00 PM CT

## Audience:

- Community Mental Health Centers (CMHCs)
- Federally Qualified Health Centers (FQHCs)
- Substance Use Disorder Agencies

## Webinar Guidelines:

- The webinar will be recorded and available for review after completion.
- Please mute your line while on the webinar.
- Please direct all questions through the chat function on the webinar. Questions will be taken at the end of the webinar.
  - Ensure you identify your name when asking a question through the chat.
  - Due to time limitations, we will moderating questions through the chat function

# Webinar B: 2:30 PM – 3:30 PM CT

## Audience:

- Licensed Office-Based Opioid Treatment (OBOT) facilities
- Individual MAT providers (current and interested providers)

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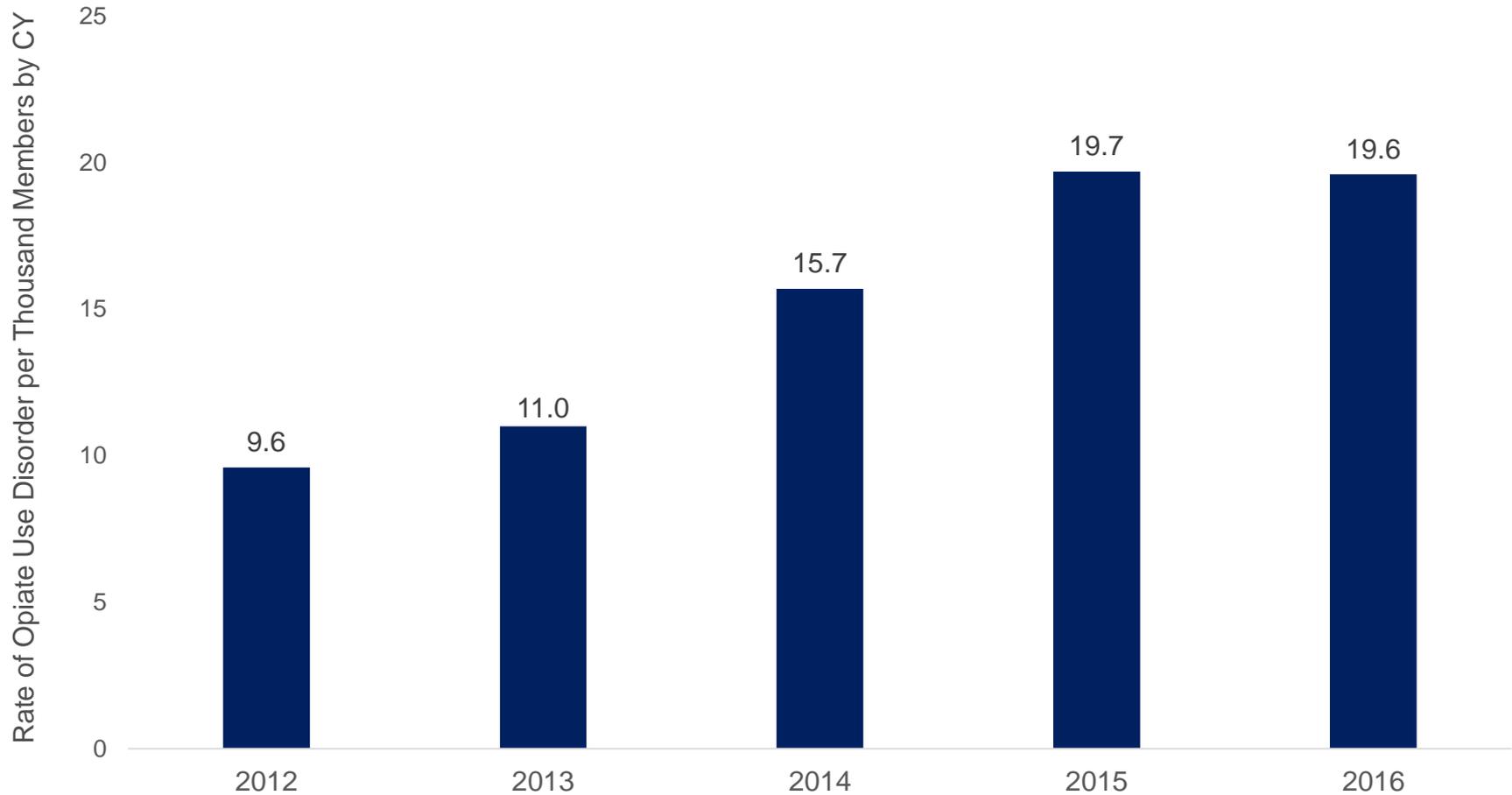
# Agenda

- TennCare's Opioid Strategy
- Buprenorphine Medication Assisted Treatment (MAT) Program Description
- Contracting with the Managed Care Organizations
- Next Steps & Resources

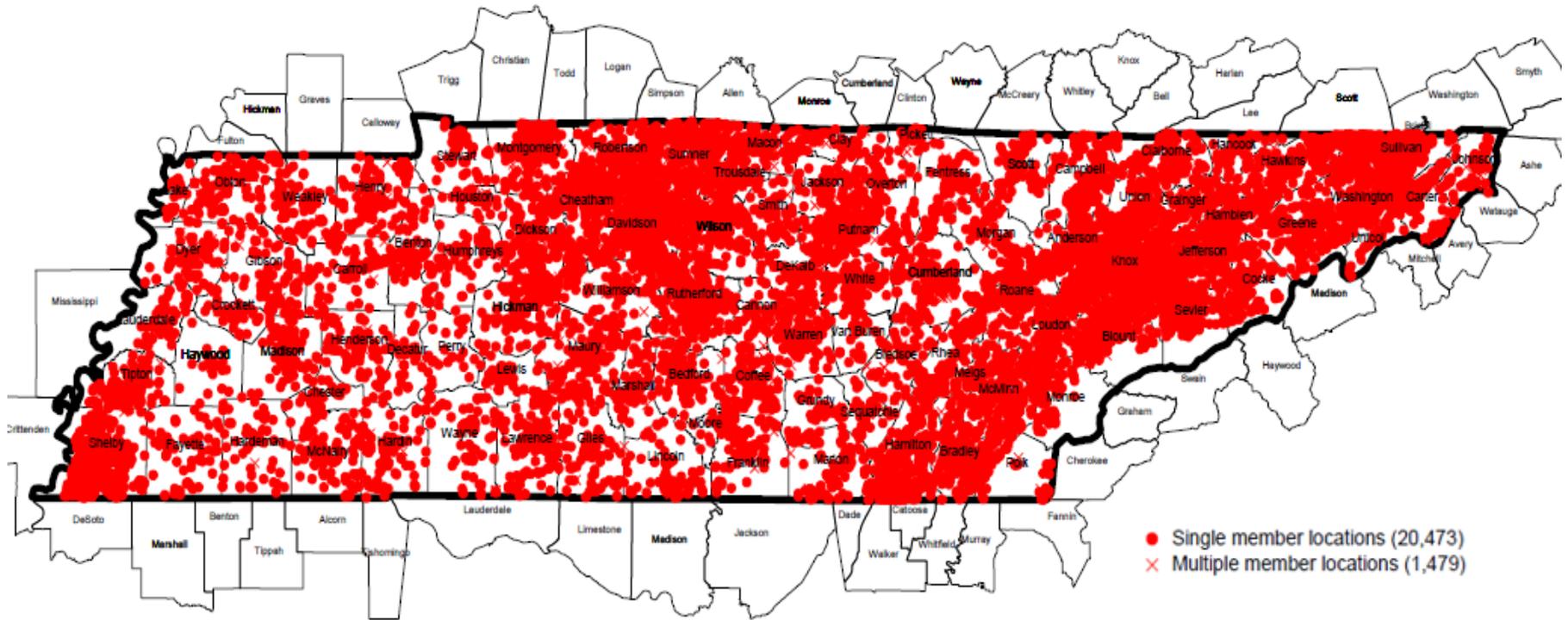
# Acronyms and Abbreviations

Term	Definition
ASAM	American Society of Addiction Medicine
MAT	Medication Assisted Treatment
MCO	Managed Care Organization
OBOT	Office-Based Opioid Treatment
OUD	Opioid Use Disorder
PBM	Pharmacy Benefits Manager
PCP	Primary Care Provider
SAMHSA	Substance Abuse and Mental Health Services Administration
SUD	Substance Use Disorder

# TennCare Members with OUD Diagnosis



# TennCare Members with an OUD Claim from January 2016 – June 2017



24,163 members at 21,952 locations

# MAT is an Evidence-Based Treatment for OUD

Treatment with buprenorphine for OUD is considered an evidence-based best practice by the SAMHSA Center and ASAM for substance abuse treatment.

## MAT Decreases:<sup>1-4</sup>

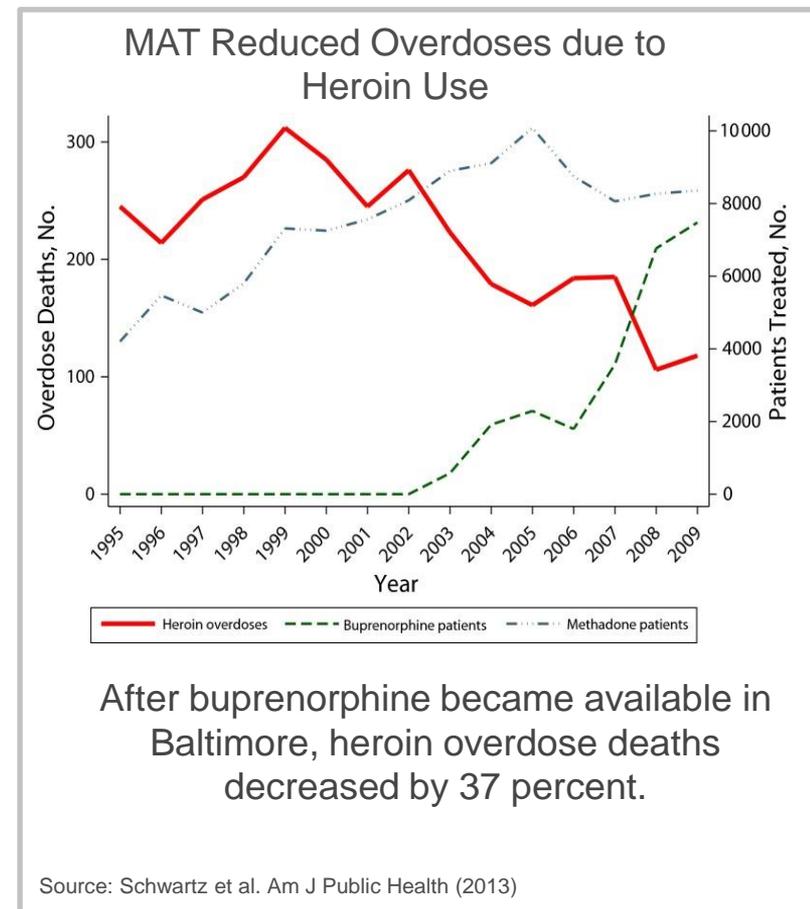


- Opioid use
- Opioid-related overdose deaths
- Criminal activity
- Infectious disease transmission
- Symptoms of neonatal abstinence syndrome and length of hospital stay

## MAT Increases:<sup>1-2,5</sup>



- Social functioning
- Retention in treatment



Sources:

1. Effective Treatments for Opioid Addiction. NIH National Institute on Drug Abuse. Nov 2016.
2. RP Mattick et al. Cochrane Database of Systematic Reviews (2009).
3. RP Mattick et al. Cochrane Database of Systematic Reviews (2014).
4. Schwartz et al. Am J Public Health (2013).
5. ACOG & ASAM. (2012).

# Combating the Opioid Epidemic in Tennessee

## Primary Prevention

limit opioid exposure to prevent progression to chronic opioid use

### Non-Chronic and First Time Users of Opioids

- Improve access to non-opioid pain medication therapies
- Establish strict opioid day limits and dosage limits for non-chronic users
- Increased prior authorization requirements for all opioid refills

## Secondary Prevention

early detection and intervention to reduce impact of opioid misuse

### Women of Child Bearing Age & Provider Education

- Increase outreach to women of child bearing age chronically using opioids to provide education and treatment options
- Further remove barriers to access for VRLAC (IUD's and implants) for women
- Focused provider education on appropriate prescribing habits and tapering of chronic opioid use

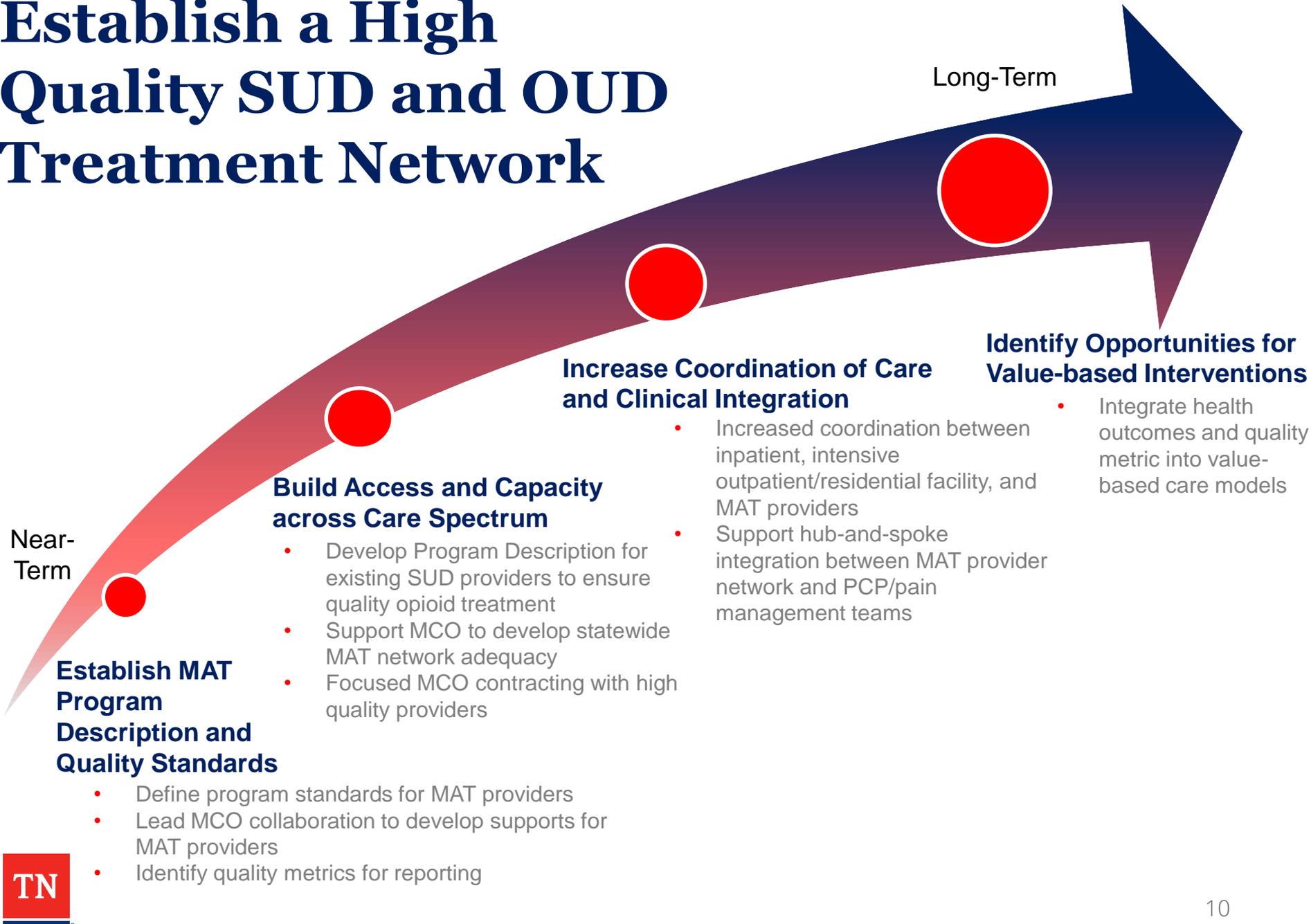
## Tertiary Prevention

support active recovery for severe opioid dependence and addiction

### Chronic Dependent and Addicted Users

- Define program standards to establish high-quality opioid use disorder treatment programs that includes both medication and behavioral health treatment
- Develop opioid use disorder treatment networks to ensure access for all members
- Lower TennCare-allowed maximum MED dosage for chronic opioid use
- Increase outreach to highest risk members to refer for treatment

# Establish a High Quality SUD and OUD Treatment Network



Long-Term

Near-Term

## Establish MAT Program Description and Quality Standards

- Define program standards for MAT providers
- Lead MCO collaboration to develop supports for MAT providers
- Identify quality metrics for reporting

## Build Access and Capacity across Care Spectrum

- Develop Program Description for existing SUD providers to ensure quality opioid treatment
- Support MCO to develop statewide MAT network adequacy
- Focused MCO contracting with high quality providers

## Increase Coordination of Care and Clinical Integration

- Increased coordination between inpatient, intensive outpatient/residential facility, and MAT providers
- Support hub-and-spoke integration between MAT provider network and PCP/pain management teams

## Identify Opportunities for Value-based Interventions

- Integrate health outcomes and quality metric into value-based care models



# What will I have to do as a provider to join the network?

1

Understand program description and evaluate your current care model

2

Identify any potential gaps or areas for increased support from MCOs

3

Obtain Medicaid Provider ID if needed

4

Indicate interest in joining the MAT network and ability to meet program standard

5

Contract/Re-Contract as a MAT provider with appropriate MCO(s) to join network\*

6

Continue to provide high quality MAT care to TennCare members

# Complete Provider Interest Form

If you are interested in receiving more information or participating in this network, please click the link below to complete the *Provider Interest Form*.

*\*Completing this form does NOT guarantee contracting with the Managed Care Organizations.*

**Direct link to Provider Interest Form: <https://stateofennessee.formstack.com/forms/bmatp>**

**TN Tennessee State Government**

Division of TennCare  
Buprenorphine Medication Assisted Treatment (MAT) Program:  
Provider Interest Form

TennCare's Managed Care Organizations (Amerigroup, BlueCare and United Healthcare Community Plan) are increasing support to providers to build a comprehensive network of medication assisted treatment (MAT) for TennCare members with opioid use disorder (OUD).

If you are interested in receiving more information or participating in this network, please complete the following *Provider Interest Form*. Your survey response will be provided to each of the Managed Care Organizations. Completing this form does NOT guarantee contracting with the Managed Care Organizations.

All providers who participate and contract with each Managed Care Organization's MAT network must ensure the availability of services outlined in the Buprenorphine MAT Program Description. For additional background on the Buprenorphine MAT program description and activities [click here \(coming soon\)](#).

Are you a Provider or Practice/Hospital Administrator?\*

Provider (e.g. physician, nurse)  Practice or Hospital Administrator

Submit Form

*Note:* Please select if you are a “Provider” or “Practice/Hospital Administrator” filling out the form to open the appropriate questions.

*Survey will take less than 5 minutes to complete*



The Provider Interest Form is located on the TennCare Opioid Strategy webpage: <https://www.tn.gov/tenncare/tenncare-s-opioid-strategy.html>

# Agenda

- TennCare's Opioid Strategy
- Buprenorphine Medication Assisted Treatment (MAT) Program Description
  - Overview of MAT & TennCare's Approach
  - Benefits of the TennCare MAT Network
  - Review of the MAT Program Description
- Contracting with the Managed Care Organizations
- Next Steps & Resources

# MAT Program Description: Overview

- ❖ The Buprenorphine MAT Program Description is the **same for all three MCOs** (BlueCare, Amerigroup and United Healthcare)
- ❖ The Program Description was developed **based on national guidelines** (i.e. ASAM, SAMHSA) and is in line with State of Tennessee OBOT guidelines
- ❖ This webinar will focus on **buprenorphine**
  - ❖ A separate program description exists for naltrexone

## Buprenorphine Medication Assisted Treatment (MAT) Program Description Division of TennCare

### Overview of the Opioid Use Disorder Medication Assisted Treatment Program

The Division of TennCare along with the contracted Managed Care Organizations (Amerigroup, BlueCare and United Healthcare) has determined the need for a comprehensive network of providers who offer specific treatment for members with opioid use disorder. These providers may be agencies or licensed independent practitioners, but all must attest to provide treatment as outlined in this program description to be included in this network.

Medication Assisted Treatment (MAT) for persons diagnosed with opioid-use disorder is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. The duration of treatment should be based on the needs of the persons served. The Food and Drug Administration (FDA) has approved several medications for the use in treatment of opioid-use disorder which include buprenorphine containing products and naltrexone products

Treatment with buprenorphine for opioid use disorders is considered an evidence-based best practice by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center and the American Society of Addiction Medicine (ASAM) for substance abuse treatment. This Buprenorphine MAT Program Description outlines treatment and clinical care activities expected of providers who prescribe buprenorphine products and professionals who provide therapy, care coordination or other ancillary services for those members who are being treated with buprenorphine products. For providers who prescribe naltrexone based products, refer to Naltrexone MAT Program Description

### Treatment Elements

The required treatment elements for providers rendering Medication Assisted Treatment using buprenorphine are as follows:

- The preferred medication would be the buprenorphine/naloxone combination (as covered by the TennCare formulary) for induction as well as stabilization unless contraindicated (e.g. pregnancy) and then the buprenorphine monotherapy is recommended. The buprenorphine/naloxone combination serves to minimize diversion and intravenous abuse.

UHCCP MAT Program Description V1 4.17.18

# MAT Provider Benefits

## Benefits of Contracting as MAT Provider

Clinical and care coordination support from MCOs

Broadened TennCare MAT Pharmacy benefits

Increased data on quality and health outcomes

Reimbursement from the MCOs for defined MAT services

# TennCare's MAT Program Description

## Sections of the Program Description

Treatment  
Elements

Treatment  
Protocols  
and  
Guidelines

Program  
Components

Quality of  
Care

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# Treatment Elements

- ① Provider Eligibility
- ② TennCare MAT Pharmacy Benefit
- ③ MAT Clinical Approach
  - MAT Treatment protocols
  - Supportive measures

# Treatment Elements: Overview

## Provider Eligibility

- A physician with an unrestricted license from the Tennessee Board of Medical Examiners or the Tennessee Board of Osteopathic Examination
- A physician with an active DATA 2000 waiver (DEA certified to prescribe buprenorphine)

## TennCare MAT Pharmacy Benefit

- The buprenorphine/naloxone combination prescribed should be covered by the TennCare formulary
- The buprenorphine/naloxone combination prescribed should adhere to all prescribing protocols of TennCare PBM
- Provider support from the PBM

# Pharmacy Benefits for MAT Providers

TennCare's pharmacy benefits manager will work with contracted MAT providers in each MCO network to allow:

- Abbreviated PA form for contracted MAT providers
- Dedicated support from Magellan call center for prior authorizations
- Broader preferred drug formulary to include buprenorphine/naloxone sublingual tablet in addition to Bunavail
- Future evidence-based changes on MAT medications and process exclusively for contracted MAT providers

Benefits to be phased in on rolling basis for newly contracted MAT providers by **January 1, 2019.**

## **MAT Clinical Approach**

### **MAT Treatment Protocols**

- Provide treatment options, including detoxification supported by MAT, and the benefits and risks associated with each treatment option
- Training on the risks for overdose, including drug interactions
- Overdose prevention and reversal agents
- Discontinuation of medication if and when the member has achieved maximum benefit from treatment.
  - Abstinence from opioids is desirable, but evidence shows that many people require ongoing treatment.
- Taper buprenorphine slowly while continuing appropriate psychosocial services.  
Beneficiaries should be assessed for continued stability.
  - Involuntary termination of treatment may occur under certain circumstances but abandonment should be avoided

### **Supportive Measures**

- Training on the risk of neonatal abstinence syndrome
- Education on voluntary long-acting reversible contraception
- Education on expected therapeutic benefits and adverse effects of treatment medication

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# Phases of Treatment

## Induction Phase

- Medically monitored startup of buprenorphine treatment
- Performed in a qualified physician's office or certified OTP using approved buprenorphine products
- Administered when person has abstained from using opioids for 12 to 24 hours

## Stabilization Phase

- Begins after a patient has discontinued or greatly reduced their misuse of the problem drug, no longer has cravings, and experiences few, if any, side effects.
- The buprenorphine dose may need to be adjusted during this phase.

## Maintenance Phase

- Occurs when a patient is doing well on a steady dose of buprenorphine
- Length of time for this phase is tailored to each patient and could be indefinite

# Treatment Protocols & Guidelines for each Phase

	Induction or Stabilization Phases	Maintenance phase of treatment for < 1 year	Maintenance phase of treatment for ≥ 1 year
<b>Office visits scheduled</b>	Weekly	At least every 2 – 4 weeks	At least every 2 months
<b>Receive appropriate counseling sessions</b>	At least twice a month	At least monthly	At least monthly unless clinically stable and with continued signs of recovery
<b>Observed drug screen</b>	At least one time weekly	At least 8 times annually (randomly)	At least 4 times annually (randomly)
<b>Care coordination services</b>	Weekly	Monthly, if indicated	Monthly, if indicated

\*Coordinate care with patient's primary care physician



*Please note, this slide highlights minimum standards*

# Drug Screen Protocol

Appropriate drug screening and the use of consistent drug screening protocols are an important and required process in the delivery of MAT services

## Overview of protocols that must be in place:

- Random observed urine drug screening (UDS) and other toxicological procedures
- Drug screening procedures shall be individualized and follow the required frequency
- More frequent collection and analysis of drug samples during episodes of relapse or medically-supervised or other types of withdrawal may occur
- Collection and testing shall be done in a manner that assures that samples collected from patients are unadulterated
- Protocol and definition for a positive test
- Discuss any unexpected results with the member immediately
- Facility shall document both the results of toxicological tests and the follow-up therapeutic action taken in the patient record

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# Program Components (1/2)

Providers must also ensure the availability of the following components, and must make available relevant documentation for the quality-of-care reviews performed by the Managed Care Organizations.

## Care Coordination

- ✓ Employ, contract, or partner with a local care coordination resource
- ✓ Include appropriate care coordination during the induction, stabilization and maintenance phase

## Behavioral Health

- ✓ Employ, contract, or partner with a behavioral health counselor to provide psychosocial assessment, addiction counseling, individual, group counseling, self-help and recovery support, and therapy for co-occurring disorders
- ✓ Include and document appropriate behavioral health counseling sessions per each phase of treatment

# Counseling Services in MAT

- While counseling is a recommended component of MAT, a member **may continue to receive prescribed buprenorphine even if not participating in the counseling.**
- Provider is unable to link to a counseling professional:
  - The contracting managed care organization can provide assistance to identifying and connecting to counseling services.
  - A MAT network provider can reach out to the managed care organization for support at the following numbers:
    - **Amerigroup:** Provider Services at (800) 454-3730
    - **BlueCare:** MAT Referral Line at (800) 814 8936
    - **United Healthcare:** Provider customer service at (800) 690-1606

# Program Components (2/2)

## Patient Accountability

- ✓ Protocols to query the Controlled Substance Monitoring Database (CSMD)
- ✓ Include confidential documentation of care including individualized treatment plans completed within 30-days of admission and reviewed every six months thereafter
- ✓ Maintain a Diversion Control Plan and perform routine and random pill/film counts
- ✓ Perform routine and random urinary drug screens (UDS) checks based on treatment phase

## Supportive Activities

- ✓ Maintain a plan to address medical emergencies including naloxone on-site
- ✓ Maintain a plan to address psychiatric emergencies including involuntary hospitalization
- ✓ Communicate timely with other providers who are treating the member and with member's informal support system.
- ✓ Employ, contract, partner, or show effort towards, engagement with a Certified Peer Recovery Specialist (has certification through TDMHSAS) in the community for consumer education, treatment engagement, and recovery planning

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# Ensuring Quality of Care

## Goal

- The MCOs and providers will work collaboratively to review and assess the quality of care provided annually.

## Process of assessing quality

- On-site visits will allow for individualized and in-person support from the MCOs.

## Elements to include in assessment

- Review of medical records for adherence to MAT program standards/requirements, protocols, and clinical treatment guidelines
- Assessments of member experience

# Quality Review

The MCO, in collaboration with the MAT provider, will provide analysis using:

- ❖ Nationally available measures
- ❖ Claims based metrics
- ❖ Medical record assessment of treatment practices and patterns at the provider level.

The quality review will focus on, but not limited to:

- A Length of MAT treatment
- B Use of behavioral health services during MAT
- C Urine Drug Screen frequency
- D Health care utilization patterns of MAT patients (e.g. emergency room visits, hospitalizations)
- E Concurrent use of benzodiazepines and/or opioids while on MAT

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- Contracting with the Managed Care Organizations
  - BlueCare
  - Amerigroup
  - United Healthcare
- Next Steps & Resources

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Continue to provide high quality MAT care to TennCare members

# Registering for a Medicaid ID Number

Obtain Medicaid Identification Number from TennCare by visiting:  
<https://www.tn.gov/tenncare/providers/provider-registration.html>

Regardless if you are a new provider to TennCare / Medicaid or an existing TennCare / Medicaid provider, you will need to register your information through one of the links below if you have not already done so.

## Individual Provider Registration

- ❖ Individual providers only need to register once to be added to the TennCare CAQH roster.
- ❖ Once registered all other updates should be maintained in CAQH.

### ❖ Link to Registration:

<https://pdms.tenncare.tn.gov/ProviderPersonRegistration/Process/Register.aspx>

## Group Provider Registration

- ❖ Single and multi-specialty groups will register and update their data and members from the web portal.

### ❖ Link to Registration:

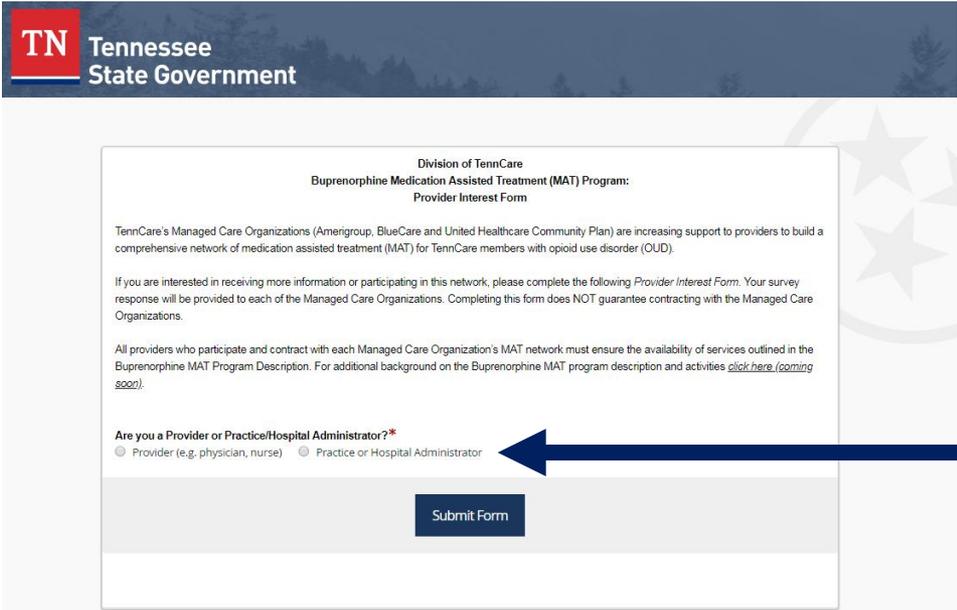
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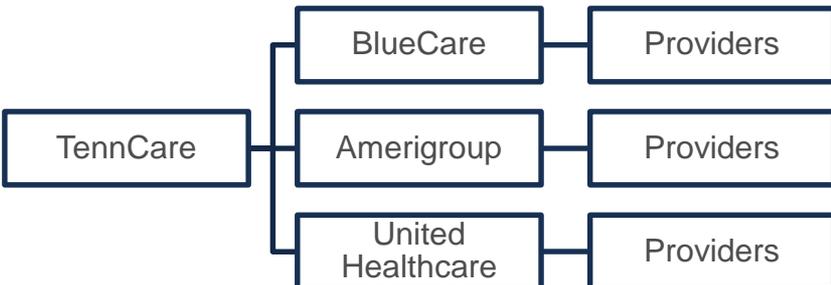
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# General Contracting Overview

TennCare contracts with the three Medicaid Managed Care Organizations (MCOs).



## Provider Contracting with MCOs

- **Contracts:**  
*Each participating MCO:*
  - Creates their own contracts with providers
  - Maintains their own fee schedules
  - Processes their own claims
  - Creates specific in-network specialists and providers
- **CAQH:** TennCare is now using web-based technology to simplify and improve the provider registration and re-verification process. Providers must register with TennCare before they can complete the contracting process with a MCO.
- **Licensure:** All staff, subcontractors and providers must be appropriately licensed prior to the start date of operations.

## MCO Provider Networks

- The MCOs must maintain their own provider network
- The MCOs shall provide or ensure the provision of all covered services.
  - Accessibility of covered services, including geographic access and appointments and wait times shall be in accordance with the access and network adequacy standards

**Speaker:** Melissa Isbell

Manager, Behavioral Health Network Strategy and Innovation

**Contact Information:**

Email at [MAT\\_Referral\\_CM\\_UM@bcbst.com](mailto:MAT_Referral_CM_UM@bcbst.com) and copy [melissa\\_isbell@bcbst.com](mailto:melissa_isbell@bcbst.com)

# BlueCare Contracting Process



- **Existing Providers** – amendment by notification packets will be sent beginning in July. Providers must complete and return an attestation form to be included in the BMAT network.
- **New Providers** – new provider requests will be handled during normal course of business with priority placed on providers in areas with the most limited access/capacity.

# Amerigroup

**Speaker:** Philip Morrison

Manager of Provider Relations (BH)

**Contact Information:**

Internal Provider Relations Team: (615) 232-2160

# Amerigroup Contracting Process

- The contracting process is the same for both new and existing providers.
- We would like for all providers interested in providing MAT services to contact our Internal Provider Relations Team at 615-232-2160.
  - There the calls will be documented and forwarded to assigned Network Manager for each region.
  - Network Managers will outreach to provider's to set up time to go over program description and discuss contract arrangements.

# United Healthcare

**Speaker:** Victoria White

Director, Network Management

**Contact Information:**

Provider Customer Service: (800) 690-1606

# UHC Contracting Process

1. New Providers would complete a request to contract document.
2. Contracting will reach out to new providers with credentialing application.
3. Contracting will gather the following information (both new and existing providers):

✓ Understanding of the MAT program description	
✓ Policies and procedures	<ul style="list-style-type: none"> <li>• Conducting CSMD reviews</li> <li>• Conducting routine and random drug screens</li> <li>• Timely communications with other providers</li> </ul>
✓ Staffing, including employees, contracts/partner agreements with other providers	<ul style="list-style-type: none"> <li>• Certified Peer Recovery Specialist</li> <li>• Care Coordination</li> <li>• Behavioral Health Counseling</li> </ul>
✓ Written plans for addressing different clinical situations	<ul style="list-style-type: none"> <li>• Diversion control for routine and random pill/film counts</li> <li>• Medical emergencies</li> <li>• Psychiatric emergencies</li> </ul>
✓ Written response indicating whether the medication is dispensed on site at the practitioner site, or whether the member is given a prescription to fill at a local pharmacy	
✓ A written process/plan on how the provider will conduct assessments of member experience	<ul style="list-style-type: none"> <li>• Support received during MAT treatment initiation</li> <li>• Outpatient MAT provider identification</li> <li>• 7-day follow-up behavioral and/or physical health appointment accessibility</li> <li>• Ease of pharmacy service</li> <li>• Ability to obtain prescription fills for both MAT and psychiatric medications</li> </ul>

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# Resources (1/2)

## SAMHSA Resources:

- For SAMHSA resources, please visit: [/www.samhsa.gov](http://www.samhsa.gov) SAMHSA Treatment Improvement Protocol (TIP) # 40, “Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction”
- SAMHSA Treatment Improvement Protocol (TIP) # 43, “Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs”
- SAMHSA Treatment Improvement Protocol (TIP) # 63, “Medications for Opioid Use Disorder”
- ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use
- Examples of screenings are found at <http://www.samhsa.gov/sbirt>

# Resources (2/2)

## **Tennessee Nonresidential Buprenorphine Treatment Guidelines:**

- For the complete copy of the guidelines, please visit:  
[https://www.tn.gov/content/dam/tn/mentalhealth/documents/2018\\_Buprenorphine\\_Treatment\\_Guidelines.PDF](https://www.tn.gov/content/dam/tn/mentalhealth/documents/2018_Buprenorphine_Treatment_Guidelines.PDF)

## **Tennessee Board of Osteopathic Examiners**

- <https://www.tn.gov/health/health-program-areas/health-professional-boards/osteo-board.html>

## **Tennessee Board of Medical Examiners**

- <https://www.tn.gov/health/health-program-areas/health-professional-boards/me-board.html>

# The Webinar will be posted on TennCare's Website

Link to Webpage with Webinar:

<https://www.tn.gov/tenncare/tenncare-s-opioid-strategy.html>

*\*Webinar will be posted as a separate link on the Opioid Strategy page*

For more information or questions, please refer to the contacts below:

	Contact Name	MAT Contact Information
TennCare	Mary Shelton Director of Behavioral Health Services	Mary.c.shelton@tn.gov
BlueCare	Melissa Isbell Manager, Behavioral Health Network Strategy and Innovation	MAT_Referral_CM_UM@bcbst.com (copy melissa_isbell@bcbst.com)
Amerigroup	Internal Provider Relations Team	(615) 232-2160
United Healthcare	Provider Customer Service	(800) 690-1606

# Questions?

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**THANK YOU FOR  
YOUR PARTICIPATION**